

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Tommy Dickerson
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 Contact Name MDickerson Email offcall150@hotmail.com
 Office Sought Senator Dist #43 Political Party Democrat

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

☐ Check here if above is different from previous report
TYPE OF REPORT

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 ____ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ 1,750	\$ 1,750 ⁰⁰
Total amount of disbursements \$	0+\$ -	\$	\$
Total amount of cash on hand		\$ 1,750 ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tommy Dickerson
Signature of Candidate

1-28-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="radio"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name H+T Miss Political Action Committee		08/06/10	\$ 500 ⁰⁰
Mailing Address 175 E Capitol St, Landmark Center 703		—/—/—	\$
City, State, Zip Code Jackson, MS 39201		—/—/—	\$
Name of Employer (Required) H+T - Gloria Harvey		—/—/—	\$
Occupation (Required) H+T		Aggregate year-to-date	\$ 500 ⁰⁰
B. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Company			
Full name BNSF Railway Company		08/12/10	\$ 250 ⁰⁰
Mailing Address 2500 Lou Menk Drive, AOB-3		—/—/—	\$
City, State, Zip Code Fort Worth, TX 76131		—/—/—	\$
Name of Employer (Required) Samuel H. White		—/—/—	\$
Occupation (Required) Railway Company		Aggregate year-to-date	\$ 250 ⁰⁰
C. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Company			
Full name Advance America		8/30/10	\$ 500 ⁰⁰
Mailing Address 135 N Church St.		—/—/—	\$
City, State, Zip Code Spartanburg, SC 29306		—/—/—	\$
Name of Employer (Required) Carol A. Stewart		—/—/—	\$
Occupation (Required) Sr. V-P - Gov. Affairs		Aggregate year-to-date	\$ 500 ⁰⁰
D. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Company			
Full name Denbury Onshore LLC		9/23/10	\$ 500 ⁰⁰
Mailing Address 5100 Lemmon Parkway		—/—/—	\$
City, State, Zip Code Plano, TX 75024		—/—/—	\$
Name of Employer (Required) Tracy Evans		—/—/—	\$
Occupation (Required) President & COO		Aggregate year-to-date	\$